

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23568**

FILED AUG 15 1957

BIRTH NO. _____		REG. DIST. NO. <u>34</u>		PRIMARY REG. DIST. NO. <u>5117</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Cedar</u> c. LENGTH OF STAY (in this place) <u>12 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Miles Northeast Ashland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> c. CITY OR TOWN <u>Rural</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> STREET ADDRESS (If rural, give location) <u>6 Miles Northeast or Ashland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Church</u> b. (Middle) <u>Wells</u> c. (Last) <u>Zumwalt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 10 1957</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>November 27 1881</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Zumwalt</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Spry</u>		14. NAME OF HUSBAND OR WIFE <u>Virgie Ann Zumwalt</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>189-42-9696</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Virgie Ann Zumwalt</u>		18. ADDRESS <u>Columbia Mo. Rt 4</u>		19. DATE OF OPERATION _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR? <u>162X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>July 11</u> , 1957, to <u>Aug 10</u> , 1957, that I last saw the deceased alive on <u>July 27</u> , 1957, and that death occurred at <u>2:30 P.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>John C. Zinsley Jr. M.D.</u>	
23b. ADDRESS <u>16 So. Tenth Columbia Mo.</u>		23c. DATE SIGNED <u>12 Aug '57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 12 1957</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ashland Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Burnett</u>		25. ADDRESS <u>Ashland Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 12, 1957</u>		REGISTRAR'S SIGNATURE <u>Mrs. Mildred Burnett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Burnett</u>		25. ADDRESS <u>Ashland Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 28 1957
SEP 3 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Wm C. Burnett

Licensed Embalmer No. *35*

P. O. Address.....
Cashland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.